

SID	S	S	S	1	4
PSU					
BLOCK					
DWELLING					
HOUSEHOLD					
PERSON					

IN CONFIDENCE

POPULATION SURVEY

SSS14

1990



INCOME AND HOUSING SURVEY

PSU	BLOCK	DWELLING	H H	PERSON
0000000000 0101010101 0202020202 0303030303 0404040404 0505050505 0606060606 0707070707 0808080808 0909090909	0000000000 0101010101 0202020202 0303030303 0404040404 0505050505 0606060606 0707070707 0808080808 0909090909	0000000000 0101010101 0202020202 0303030303 0404040404 0505050505 0606060606 0707070707 0808080808 0909090909	0000000000 0101010101 0202020202 0303030303 0404040404 0505050505 0606060606 0707070707 0808080808 0909090909	0000000000 0101010101 0202020202 0303030303 0404040404 0505050505 0606060606 0707070707 0808080808 0909090909

1. OFFICE USE ONLY

02 04 06 07 08
09 10 11 12

2. SEX

Male 1
Female 2

3. AGE

Years.....

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0000000000
0101010101
0202020202
0303030303
0404040404
0505050505
0606060606
0707070707
0808080808
0909090909

4. MARITAL STATUS

Married 1
De facto 2
Separated 3
Divorced 4
Widowed 5
Never married 6

5. S.D. ONLY

S.D. Institutionalised person
(No more questions) 1
S.D. Boarding school
pupil
(No more questions) 2
S.D. Other 3

6. SCHOOL ATTENDANCE (If aged 15 to 20)

Date of leaving
school
(Enter month
and year)

01 83
02 84
03 85
04 86
05 87
06 88
07 89
08 90
09 10
10 11
11 12
Still attending
(No more questions) 1111

7. PERSON TYPE

Usual resident of P.D.
(Complete Q.8 to Q.11
when editing)
→ Q.13 1
Visitor to P.D 2
S.D. 3

23. Interviewer: Show WHITE prompt card A.

WHICH OF THESE GROUPS BEST DESCRIBES THE HIGHEST QUALIFICATION YOU HAVE OBTAINED?

- Bachelor degree or higher
(Hand respondent PINK prompt card B) 1
- Trade qualification/apprenticeship
(Hand respondent BLUE prompt card C) 2
- Certificate or diploma
(Hand respondent YELLOW prompt card D) 3
- Secondary school 4 → Q.25
- Other → Q.25 5

24. WHICH OF THESE GROUPS BEST DESCRIBES YOUR MAIN FIELD OF STUDY FOR THIS QUALIFICATION?

- Group 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Other (Specify) 99

25. ARE YOU CURRENTLY DOING ANY STUDY AT A SCHOOL, TECHNICAL COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?

- Yes 1
- No → Q.27 2

26. ARE YOU DOING THIS STUDY FULL-TIME?

- Yes 1
- No 2

27. Sequence Guide

- . If aged 15 - 20 years → Q.28 1
- . Otherwise → Q.32 2

28. IN THE FIRST SIX MONTHS OF 1990 DID YOU DO ANY STUDY AT AN AUSTRALIAN SCHOOL, TECHNICAL COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?

- Yes 1
- No → Q.30 2

29. DID YOU STUDY FULL-TIME DURING THAT PERIOD?

- Yes 1
- No 2

30. IN THE LAST SIX MONTHS OF 1989 DID YOU DO ANY STUDY AT AN AUSTRALIAN SCHOOL, TECHNICAL COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?

- Yes 1
- No → Q.32 2

31. DID YOU STUDY FULL-TIME DURING THAT PERIOD?

- Yes 1
- No 2

32. DO YOU CURRENTLY HAVE A JOB, BUSINESS OR FARM?

- Yes → Q.34 1
- No 2
- Permanently unable to work → Q.71 3

33. DO YOU HAVE A JOB, BUSINESS OR FARM THAT YOU ARE AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?

- Yes 1
- No → Q.69 2

34. DO YOU CURRENTLY HAVE MORE THAN ONE JOB, BUSINESS OR FARM?

- Yes 1
- No → Q.36 2

35. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR MAIN JOB, THAT IS, THE JOB IN WHICH YOU USUALLY WORK THE MOST HOURS.

36. WHAT KIND OF WORK DO YOU DO?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

37. DO YOU WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? → **Q.40A**

IN YOUR OWN BUSINESS WITH EMPLOYEES?

WITH NO EMPLOYEES?

WITHOUT PAY IN A FAMILY BUSINESS? → **Q.40A**

WHAT ARE YOUR WORKING ARRANGEMENTS?

Payment in kind → **Q.40A**

Unpaid voluntary work → **Q.69**



38. IS YOUR BUSINESS A LIMITED LIABILITY COMPANY?

Yes

No



39. → **Q.40B**

40A. WHO DO YOU WORK FOR?
(Name/full address)

40B. WHAT IS THE FULL NAME AND ADDRESS OF YOUR BUSINESS?

.....
.....
.....
.....
.....



41. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....
.....
.....
.....



Sector code *b*

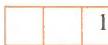


42. Sequence Guide

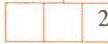
- . If wage or salary earner
(Code 1 in Q.37) → **Q.43**
- . If limited liability company
(Code 1 in Q.38) → **Q.43**
- . Otherwise → **Q.51**

43. HOW LONG HAVE YOU BEEN WORKING FOR
(Specify employer or business in Q.40)?

Less than one year
(Record full months)



One year or more
(Record full years)



44. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR PAY FROM THAT JOB.

IT WILL HELP TO ANSWER THIS QUESTION IF YOU CAN REFER TO YOUR LAST PAY SLIP.

WHAT WAS THE TOTAL AMOUNT OF YOUR MOST RECENT PAY BEFORE TAX OR ANYTHING ELSE WAS TAKEN OUT?

\$...



Nil → **Q.48** 9999

45. WAS THAT BEFORE TAX OR ANYTHING ELSE WAS TAKEN OUT?

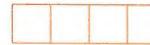
Yes → **Q.47** 1

No



46. WHAT THEN WAS YOUR LAST TOTAL PAY?

\$...



47. WHAT PERIOD DID THAT PAY COVER?

Weeks



One month



48. IS THAT YOUR USUAL PAY?	
Yes	→ Q.51 <input type="checkbox"/> 1
No	<input type="checkbox"/> 2
49. HOW MUCH DO YOU USUALLY RECEIVE EACH PAY?	
\$..	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9
Nil	→ Q.51 <input type="checkbox"/> 9999
50. WHAT PERIOD DOES THAT PAY COVER?	
Weeks	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
One month .. .	→ <input type="checkbox"/> 99
51. INCLUDING ANY PAID OR UNPAID OVERTIME, HOW MANY HOURS A WEEK DO YOU <u>USUALLY</u> WORK IN YOUR JOB?	
Hours	→ Q.53 .. .
	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
Varies	→ <input type="checkbox"/> 99
52. OVER A FOUR WEEK PERIOD HOW MANY HOURS ON AVERAGE DO YOU WORK <u>EACH</u> WEEK IN YOUR JOB?	
Hours	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
53. <i>Sequence Guide</i>	
. If has more than one job (Code 1 in Q.34)	→ Q.54 <input type="checkbox"/> 1
. Otherwise	→ Q.71 <input type="checkbox"/> 2
54. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR SECOND JOB.	
FOR AN EMPLOYER FOR WAGES OR SALARY?	→ Q.57 <input type="checkbox"/> 1
IN YOUR OWN BUSINESS WITH EMPLOYEES?	→ <input type="checkbox"/> 2
WITH NO EMPLOYEES?	→ <input type="checkbox"/> 3
WITHOUT PAY IN A FAMILY BUSINESS?	→ Q.57 <input type="checkbox"/> 4
WHAT ARE YOUR WORKING ARRANGEMENTS?	
Payment in kind	→ Q.57 <input type="checkbox"/> 5
Unpaid voluntary work	→ Q.71 <input type="checkbox"/> 6
56. IS YOUR BUSINESS A LIMITED LIABILITY COMPANY?	
Yes	→ <input type="checkbox"/> 1
No	→ <input type="checkbox"/> 2
57. WHAT KIND OF WORK DO YOU DO?	
.....	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
.....	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
.....	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
.....	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9
58. <i>Sequence Guide</i>	
. If wage or salary earner (Code 1 in Q.55) .. .	→ Q.59 <input type="checkbox"/> 1
. If limited liability company (Code 1 in Q.56) .. .	→ Q.59 <input type="checkbox"/> 2
. Otherwise	→ Q.66 <input type="checkbox"/> 3
59. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR PAY FROM THAT JOB.	
IT WILL HELP TO ANSWER THIS QUESTION IF YOU CAN REFER TO YOUR LAST PAY SLIP.	
WHAT WAS THE TOTAL AMOUNT OF YOUR MOST RECENT PAY <u>BEST</u> BEFORE TAX OR ANYTHING ELSE WAS TAKEN OUT?	
\$.. .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9
Nil	→ Q.63 <input type="checkbox"/> 9999

CURRENT PENSIONS AND BENEFITS

8

71. DO YOU CURRENTLY RECEIVE -

- A SERVICE PENSION? 1
- UNEMPLOYMENT BENEFIT?
*Interviewer: If aged 16 -17 years,
prompt for Job Search Allowance* 2
- SICKNESS BENEFIT? 3
- SPECIAL BENEFIT? 4
- ANY OF THESE?-

Interviewer: Show GREEN prompt card E.
- Invalid Pension 5
- Sole Parent's Pension 6
- Widow's Pension 7
- Wife's/Carer's Pension 8
- None of these → Q.74 9

72. HOW MUCH WAS THE LAST PAYMENT YOU RECEIVED?

WHAT PERIOD DID THAT PAYMENT COVER?

\$		Weeks	
a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b	<input type="checkbox"/> <input type="checkbox"/>
			

73. → Q.79

74. Sequence Guide

- . If male aged 65 or more → Q.75 1
- . If female aged 60 or more → Q.75 2
- . Otherwise → Q.79 3

75. DO YOU CURRENTLY RECEIVE THE AGE PENSION?

- Yes 1
- No → Q.79 2

76. Sequence Guide

- . If married or defacto and partner is UR → Q.77 1
- . Otherwise → Q.78B 2

77. DOES YOUR (SPOUSE/PARTNER) ALSO CURRENTLY RECEIVE THE AGE PENSION?

- Yes → Q.78A 1
- No → Q.78B 2

78 A. WHAT IS THE COMBINED AMOUNT OF AGE PENSION YOU AND YOUR (SPOUSE/PARTNER) RECEIVE EACH FORTNIGHT?

78 B. HOW MUCH DO YOU CURRENTLY RECEIVE EACH FORTNIGHT?

\$



79. *Interviewer:* Show WHITE prompt card F.

DO YOU CURRENTLY RECEIVE ANY OF THESE PENSIONS, BENEFITS OR OTHER FORMS OF ASSISTANCE?

War Widow's Pension	<i>a</i>	1
Disability Pension	<i>b</i>	2
Secondary Austudy	<i>c</i>	3
Tertiary Austudy	<i>d</i>	4
Overseas Pensions/Benefits .. .	<i>e</i>	5
Other (Specify)	<i>f</i>	6
None of these	→ <i>Q.81</i>	<i>g</i> 7

80. HOW MUCH WAS THE LAST (*Pension/benefit*) PAYMENT YOU RECEIVED?

WHAT PERIOD DID THAT PAYMENT COVER?

War Widow's Pension

\$	Weeks
<i>a</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>b</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

Disability Pension

\$	Weeks
<i>c</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>d</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

Secondary Austudy

\$	Weeks
<i>e</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>f</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

Tertiary Austudy

\$	Weeks
<i>g</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>h</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

Overseas Pensions/Benefits

\$	Weeks
<i>i</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>j</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

Other

\$	Weeks
<i>k</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>l</i> <input type="text"/> <input type="text"/>
0 0 0 0	0 0
1 1 1 1	1 1
2 2 2 2	2 2
3 3 3 3	3 3
4 4 4 4	4 4
5 5 5 5	5 5
6 6 6 6	6
7 7 7 7	7
8 8 8 8	8
9 9 9 9	9

81. Interviewer: Show PINK prompt card G.

DO YOU CURRENTLY RECEIVE REGULAR PAYMENTS FROM ANY OF THESE SOURCES?

Superannuation a 1

Maintenance/Alimony b 2

Workers' Compensation/
Accident/Sickness Insurance .. c 3

Road Accident Compensation .. d 4

Third Job/Army Reserve Pay .. e 5

Relatives not living here .. f 6

Other (Specify).....

..... g 7

None of these → Q.83 h 8

82. HOW MUCH WAS THE LAST (Source) PAYMENT YOU RECEIVED?

WHAT PERIOD DID THAT PAYMENT COVER?

Superannuation

\$

Weeks

a			
---	--	--	--

b		
---	--	--



Maintenance/Alimony

\$

Weeks

c			
---	--	--	--

d		
---	--	--



Workers' Compensation/Accident/Sickness Insurance

\$

Weeks

e			
---	--	--	--

f		
---	--	--



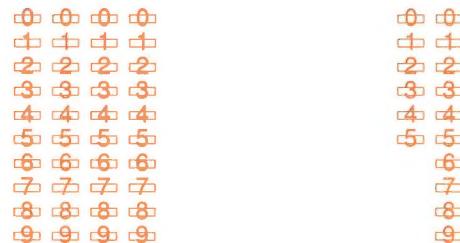
Road Accident Compensation

\$

g			
---	--	--	--

Weeks

h		
---	--	--



Third Job/Army Reserve Pay

\$

i			
---	--	--	--

Weeks

j		
---	--	--



Relatives not living here

\$

k			
---	--	--	--

Weeks

l		
---	--	--



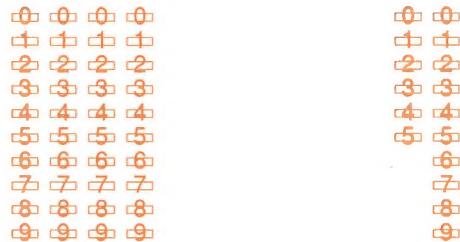
Other

\$

m			
---	--	--	--

Weeks

n		
---	--	--



PERIOD INCOME AND EMPLOYMENT

8.3. *Interviewer: Show calendar.*
For persons who arrived in Australia after 30 June 1989 indicate the period the questions refer to.

THE FOLLOWING QUESTIONS REFER TO THE LAST FINANCIAL YEAR, THAT IS (1 JULY 1989/*date arrived*) TO 30 JUNE 1990.

8.4. WERE YOU AWAY FROM AUSTRALIA AT ANY TIME IN THE PERIOD SHOWN IN THE CALENDAR?

Yes 1
No 2 → Q.88A

8.5. FOR HOW MANY WEEKS WERE YOU AWAY FROM AUSTRALIA?

52 Weeks 52 → Q.159 ..

1-51 weeks ..

0 .. 0
1 .. 1
2 .. 2
3 .. 3
4 .. 4
5 .. 5
6 .. 6
7 .. 7
8 .. 8
9 .. 9

8.6. DURING THESE (*Number of weeks*) WEEKS DID YOU WORK OVERSEAS?

Yes 1
No 2 → Q.88B

8.7. WAS THIS WORK FOR AN AUSTRALIAN BUSINESS OR ORGANISATION?

Yes → Q.90 1
No → Q.88B 2

8.8A. DURING THE LAST FINANCIAL YEAR, WERE YOU EMPLOYED IN A JOB, BUSINESS OR FARM?

8.8B. DURING THE LAST FINANCIAL YEAR, WERE YOU EMPLOYED IN A JOB, BUSINESS OR FARM IN AUSTRALIA?

Yes → Q.91 1
No 2
Permanently unable to work → Q.107 3

8.9. IN THE LAST FINANCIAL YEAR, WERE YOU A PARTNER IN A BUSINESS?

Yes → Q.91 1
No → Q.95 2

9.0. THE FOLLOWING QUESTIONS REFER TO YOUR WORK FOR ANY AUSTRALIAN BUSINESS OR ORGANISATION OVERSEAS AND ANY JOBS YOU HAD IN AUSTRALIA.

9.1. WERE YOU EMPLOYED FOR THE WHOLE FINANCIAL YEAR?

Yes → Q.93 1
No 2

9.2. FOR HOW MANY WEEKS DURING THE LAST FINANCIAL YEAR WERE YOU EMPLOYED?

1-51 weeks

0 .. 0
1 .. 1
2 .. 2
3 .. 3
4 .. 4
5 .. 5
6 .. 6
7 .. 7
8 .. 8
9 .. 9

9.3. IN THAT PERIOD DID YOU USUALLY WORK FULL-TIME?

Yes 1
No 2

9.4. *Sequence Guide*

. If had a job for full financial year (Code 1 in Q.91) → Q.98 1
. Otherwise → Q.95 2

9.5. (IN THE WEEKS YOU DID NOT HAVE A JOB) LAST FINANCIAL YEAR, DID YOU LOOK FOR WORK?

Yes 1
No → Q.97 2

9.6. FOR HOW MANY WEEKS DID YOU LOOK FOR WORK?

1-52 weeks

0 .. 0
1 .. 1
2 .. 2
3 .. 3
4 .. 4
5 .. 5
6 .. 6
7 .. 7
8 .. 8
9 .. 9

9.7. *Sequence Guide*

. If had a job last financial year (Code 1 in Q.87 OR Q.88 OR Q.89) → Q.98 1
. Otherwise → Q.107 2

9.8. IN THE LAST FINANCIAL YEAR, DID YOU GET PAID A WAGE OR SALARY?

Yes 1
No → Q.100 2

99. IN THAT FINANCIAL YEAR, WHAT WAS YOUR TOTAL INCOME FROM WAGES AND SALARY BEFORE ANY TAX WAS DEDUCTED?

\$

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0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

100. (APART FROM YOUR WAGES OR SALARY) IN THE LAST FINANCIAL YEAR, DID YOU MAKE A PROFIT OR LOSS FROM A BUSINESS, FARM OR SHARE IN A PARTNERSHIP?

Yes → **Q.103** 1

No → **Q.103** 2

101. WAS YOUR BUSINESS A LIMITED LIABILITY COMPANY?

Yes → **Q.102A** 1

No → **Q.102B** 2

Both → **Q.102A** 3

102A. INCLUDING DIVIDENDS RECEIVED THROUGH YOUR LIMITED LIABILITY COMPANY, WHAT WAS YOUR SHARE OF PROFIT OR LOSS FROM YOUR BUSINESS OR FARM LAST FINANCIAL YEAR, BEFORE TAX BUT AFTER DEDUCTING BUSINESS EXPENSES?

102B. IN THAT FINANCIAL YEAR, WHAT WAS YOUR SHARE OF PROFIT OR LOSS FROM YOUR BUSINESS OR FARM BEFORE TAX BUT AFTER DEDUCTING BUSINESS EXPENSES?

Interviewer: If profit or loss insert \$ value below

a Profit 1

Loss 2

Nil 3

b \$

--	--	--	--

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

103. IN THE LAST FINANCIAL YEAR, HOW MANY EMPLOYERS OR BUSINESSES DID YOU HAVE (IN AUSTRALIA)?

One → **Q.104A** 1

More than one → **Q.104B** 2

104A. WHO DID YOU WORK FOR?

104B. I'D NOW LIKE TO ASK ABOUT YOUR MAIN JOB DURING THE LAST FINANCIAL YEAR, THAT IS, THE JOB IN WHICH YOU WORKED THE MOST WEEKS IN THE YEAR.

WHO DID YOU WORK FOR?

Same as Q.40 → **Q.106** 1

Other (Name/full address)

.....	1
.....	2
.....	3

105. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....
.....
.....
.....

Sector code

a	1
.....	2
.....	3

b

106. WHAT KIND OF WORK DID YOU DO IN THAT JOB?

Same as Q.36 9999

Interviewer: If respondent has changed employer (employer not same as in Q.40), obtain full job description.

.....	0	0
.....	1	1
.....	2	2
.....	3	3
.....	4	4
.....	5	5
.....	6	6
.....	7	7
.....	8	8
.....	9	9

107. AT ANY TIME IN THE LAST FINANCIAL YEAR DID YOU RECEIVE -

A SERVICE PENSION? *a*  1

UNEMPLOYMENT BENEFIT? *b*  2

*Interviewer: If aged 16 -17 years,
prompt for Job Search Allowance.*

SICKNESS BENEFIT? *c*  3

SPECIAL BENEFIT? *d*  4

None of these  *Q.110e*  5

108. IN THAT FINANCIAL YEAR, FOR HOW MANY WEEKS DID YOU RECEIVE (Pension/benefit)?

HOW MUCH DID YOU RECEIVE FROM
(Pension/benefit) FOR THOSE (Number of weeks)
WEEKS?

Service Pension

Weeks \$

<i>a</i>	<i>b</i>
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
 	 
	
<img alt="orange square" data-bbox="225 162	

113. *Interviewer:* Show BLUE prompt card H.

IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY OF THESE PENSIONS OR BENEFITS?

Invalid Pension	a	<input type="checkbox"/>	1
Sole Parent's Pension	b	<input type="checkbox"/>	2
Widow's Pension	c	<input type="checkbox"/>	3
Wife's/Carer's Pension	d	<input type="checkbox"/>	4
None of these	→ Q.115 e	<input type="checkbox"/>	5

114. IN THAT FINANCIAL YEAR, FOR HOW MANY WEEKS DID YOU RECEIVE (Pension/benefit)?

HOW MUCH DID YOU RECEIVE FROM (Pension/benefit) FOR THOSE (Number of weeks) WEEKS?

Invalid Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

Sole Parent's Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

Widow's Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

Wife's/Carer's Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

115. *Interviewer:* Show YELLOW prompt card I.

IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY OF THESE PENSIONS, BENEFITS OR ALLOWANCES?

War Widow's Pension	a	<input type="checkbox"/>	1
Disability Pension	b	<input type="checkbox"/>	2
Secondary Austudy	c	<input type="checkbox"/>	3
Tertiary Austudy	d	<input type="checkbox"/>	4
Overseas Pensions/Benefits	e	<input type="checkbox"/>	5
Other (Specify).....	f	<input type="checkbox"/>	6
None of these	→ Q.117 g	<input type="checkbox"/>	7

116. IN THAT FINANCIAL YEAR, FOR HOW MANY WEEKS DID YOU RECEIVE (Pension/benefit)?

HOW MUCH DID YOU RECEIVE FROM (Pension/benefit) FOR THOSE (Number of weeks) WEEKS?

War Widow's Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

Disability Pension

Weeks	\$
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6	6 6 6 6
7	7 7 7 7
8	8 8 8 8
9	9 9 9 9

Secondary Austudy	
Weeks	\$
e	f
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6 6	6 6 6 6
7 7	7 7 7 7
8 8	8 8 8 8
9 9	9 9 9 9
Tertiary Austudy	
Weeks	\$
g	h
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6 6	6 6 6 6
7 7	7 7 7 7
8 8	8 8 8 8
9 9	9 9 9 9
Overseas Pensions/ Benefits	
Weeks	\$
i	j
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6 6	6 6 6 6
7 7	7 7 7 7
8 8	8 8 8 8
9 9	9 9 9 9
Other	
Weeks	\$
k	l
0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6 6	6 6 6 6
7 7	7 7 7 7
8 8	8 8 8 8
9 9	9 9 9 9

117. *Interviewer: Show GREEN prompt card J.*

IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE INTEREST FROM ANY OF THESE SOURCES?

- Interest from banks a 1
- Interest from any other financial institution b 2
- Interest from debentures c 3
- Interest from bonds d 4
- Interest from property management trusts e 5
- Interest from cash management trusts f 6
- Interest from any other trusts g 7
- Interest from personal loans to others h 8
- None of these → Q.123 i 9

118. WERE ANY OF THESE ACCOUNTS OR INVESTMENTS IN JOINT NAMES?

- Yes → Q.119A 1
- No → Q.119B 2

119 A. INCLUDING ONLY YOUR SHARE OF INTEREST FROM JOINT ACCOUNTS OR INVESTMENTS, WHAT WAS THE TOTAL AMOUNT OF INTEREST YOU RECEIVED FROM (THAT/THOSE) SOURCE(S)?

119 B. WHAT WAS THE TOTAL AMOUNT OF INTEREST YOU RECEIVED FROM (THAT/THOSE) SOURCE(S)?

\$

0 0	0 0 0 0
1 1	1 1 1 1
2 2	2 2 2 2
3 3	3 3 3 3
4 4	4 4 4 4
5 5	5 5 5 5
6 6	6 6 6 6
7 7	7 7 7 7
8 8	8 8 8 8
9 9	9 9 9 9

120. *Sequence Guide*

- . If joint account (Code 1 in Q.118) → Q.121 1
- . Otherwise → Q.123 2

121. IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE INTEREST FROM ANY ACCOUNTS OR INVESTMENTS IN YOUR NAME ONLY?

- Yes 1
- No → Q.123 2

122. WHAT WAS THE TOTAL AMOUNT OF INTEREST YOU RECEIVED FROM THOSE ACCOUNTS OR INVESTMENTS?

\$

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

123. IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY INCOME FROM RENTING PROPERTIES YOU OWNED OR WERE BUYING?

Yes

1
2

No → Q.125

124. EXCLUDING RENT OR BOARD RECEIVED FROM OTHER MEMBERS OF THIS HOUSEHOLD, WHAT WAS YOUR SHARE OF PROFIT OR LOSS FROM RENT AFTER EXPENSES WERE DEDUCTED?

Interviewer: If profit or loss insert \$ value below

a Profit

1
2
3

Loss

1
2
3

Nil

b \$

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

125. IN THE LAST FINANCIAL YEAR, DID YOU OWN ANY SHARES?

Yes

1
2

No → Q.129

1
2

126. IN THAT FINANCIAL YEAR, DID YOU RECEIVE ANY INCOME IN THE FORM OF DIVIDENDS FROM THOSE SHARES?

Yes

1
2

No → Q.129

1
2

127. *Sequence Guide*

. If in limited liability company last financial year (Codes 1 OR 3 in Q.101)

→ Q.128A

1
2

. Otherwise → Q.128B

1
2

128A. APART FROM DIVIDENDS RECEIVED THROUGH YOUR LIMITED LIABILITY COMPANY, WHAT WAS THE AMOUNT OF INCOME YOU RECEIVED FROM ALL OTHER DIVIDENDS IN THAT FINANCIAL YEAR?

128B. IN THAT FINANCIAL YEAR, WHAT WAS THE AMOUNT OF INCOME YOU RECEIVED FROM DIVIDENDS?

\$

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Nil

99999

129. *Interviewer: Show WHITE prompt card L.*

IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY INCOME FROM THESE SOURCES?

Superannuation a

1

Alimony/Maintenance b

2

Workers' Compensation/
Accident/Sickness Insurance c

3

Director's Fees d

4

Road Accident Compensation e

5

Relatives not living here .. f

6

Other (Specify).....

7

None of these → Q.133 h

8

130. IN THAT FINANCIAL YEAR, HOW MUCH DID YOU RECEIVE FROM (Source)?

Superannuation

\$ a

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Alimony/Maintenance

\$ b

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Workers' Compensation/ Accident/Sickness Insurance

\$ c

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Director's Fees

\$ d

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Road Accident Compensation

\$ e

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Relatives not living here

\$ f

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Other

\$ g

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

131. WAS ANY OF THIS INCOME RECEIVED AS A LUMP SUM IN THE LAST FINANCIAL YEAR?

Yes 1

No → Q.133 2

132. IN THAT FINANCIAL YEAR, HOW MUCH DID YOU RECEIVE AS A LUMP SUM FROM (Source) ?

Superannuation

\$ a

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Alimony/Maintenance

\$ b

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Workers' Compensation/ Accident/Sickness Insurance

\$ c

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Director's Fees

\$ d

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Road Accident Compensation

§ 8.000.000,-

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Relatives not living here

§ 111.111.111.111

—
—

Other

\$ 1000000

134. WHAT WAS THE SOURCE OF THIS INCOME?
(Specify)

HOW MUCH DID YOU RECEIVE FROM THAT SOURCE?

1

\$ a

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

2

\$ b

A 5x10 grid of the number 9. Each digit is highlighted with a red box. The grid is arranged in five rows and ten columns.

6

133. DID YOU RECEIVE ANY OTHER INCOME LAST FINANCIAL YEAR WHICH WE HAVE NOT DISCUSSED?

Yes

No. → Q.135 2

JOB ENTITLEMENTS

135. Sequence Guide

- . If had a job last financial year
(Code 1 in Q.87 OR
Q.88 OR Q.89) → Q.136 1
- . Otherwise → Q.147 2

136. THE FOLLOWING QUESTIONS REFER TO ENTITLEMENTS YOU MAY HAVE RECEIVED LAST FINANCIAL YEAR AS A RESULT OF WORKING IN ANY JOB OR BUSINESS YOU HAD. WE ONLY REQUIRE DETAILS OF YOUR PERSONAL SHARE OF THESE ENTITLEMENTS.

137. Sequence Guide

- . If wage or salary earner last financial year
(Code 1 in Q.98) .. → Q.138 1
- . Otherwise → Q.145 2

138. IN THE LAST FINANCIAL YEAR, DID (ANY OF) YOUR EMPLOYER(S) PAY YOU A HOLIDAY LEAVE LOADING?

Yes 1
No → Q.140 2

139. WAS THIS LEAVE LOADING INCLUDED IN YOUR ANNUAL WAGE AND SALARY INCOME OF (\$ in Q.99)?

Yes 1
No 2

140. IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY LOW INTEREST LOANS PROVIDED BY (ANY OF) YOUR EMPLOYER(S)?

Yes 1
No → Q.142 2

141. FOR WHAT PURPOSE DID YOU USE THIS LOAN?

Purchase of Housing 1
Improvements to Housing 2
Other 3

142. IN THE LAST FINANCIAL YEAR, DID YOU RECEIVE ANY COMMISSIONS OR BONUSES WHICH WEREN'T INCLUDED IN YOUR ANNUAL WAGE AND SALARY INCOME OF (\$ in Q.99)?

Yes 1
No → Q.144 2

143. WHAT WAS THE VALUE OF THESE COMMISSIONS OR BONUSES?

\$

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

144. IN THE LAST FINANCIAL YEAR, DID (ANY OF) YOUR EMPLOYER(S) PAY FOR OR CONTRIBUTE TO THE COST OF YOU RENTING ANY HOUSE, FLAT OR UNIT?

Yes 1
No 2

145. IN THE LAST FINANCIAL YEAR, DID (ANY OF) YOUR (EMPLOYER(S)/EMPLOYER(S) OR BUSINESS(ES)) -

PAY FOR OR SUBSIDISE YOUR PERSONAL TELEPHONE EXPENSES? a 1
PROVIDE YOU WITH A VEHICLE WHICH YOU COULD USE FOR PRIVATE PURPOSES? b 2
SUBSIDISE ANY OTHER PERSONAL TRANSPORT COSTS, SUCH AS TRAVEL TO AND FROM WORK? c 3
None of these d 4

146. Interviewer: Show PINK prompt card M.

IN THE LAST FINANCIAL YEAR, DID (ANY OF) YOUR (EMPLOYER(S)/EMPLOYER(S) OR BUSINESS(ES)) PROVIDE, PAY FOR OR SUBSIDISE ANY OF THESE?

Child Care Expenses... a 01
Holiday Expenses ... b 02
Entertainment Allowance ... c 03
Shares/Rights/Options ... d 04
Health Funds/Medical Expenses ... e 05
Education Costs... f 06
Union Fees ... g 07
Electricity ... h 08
Rates... i 09
Discounts on goods/services.. j 10
Other (Specify).....
..... k 11
None of these ... l 12

FAMILY STRUCTURE

147. Sequence Guide

- . If married/defacto and partner is UR
- 1st partner interviewed → Q.148 1
- 2nd partner interviewed → Q.247 2
- . Otherwise → Q.148 3

148. Sequence Guide

- . If aged 65 years or more → Q.159 1
- . If aged 60 - 64 years → Q.156 2
- . Otherwise → Q.149 3

149. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT FAMILY ALLOWANCE AND CHANGES TO YOUR FAMILY STRUCTURE.

DO YOU (OR YOUR (SPOUSE/PARTNER)) CURRENTLY RECEIVE A FAMILY ALLOWANCE?

- Yes 1
- No → Q.152 2

150. DO YOU (OR YOUR (SPOUSE/PARTNER)) CURRENTLY RECEIVE A FAMILY ALLOWANCE SUPPLEMENT?

- Yes 1
- No 2

151. HOW MUCH WAS THE LAST PAYMENT YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVED FROM FAMILY ALLOWANCE (AND FAMILY ALLOWANCE SUPPLEMENT)?

WHAT PERIOD DID THAT PAYMENT COVER?

\$	Weeks																																								
a <input type="text"/> <input type="text"/> <input type="text"/>	b <input type="text"/> <input type="text"/>																																								
<table border="0"> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>		0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9
0	0	0	0																																						
1	1	1	1																																						
2	2	2	2																																						
3	3	3	3																																						
4	4	4	4																																						
5	5	5	5																																						
6	6	6	6																																						
7	7	7	7																																						
8	8	8	8																																						
9	9	9	9																																						

152. AT ANY TIME IN THE LAST FINANCIAL YEAR, DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE A FAMILY ALLOWANCE?

- Yes 1
- No → Q.155 2

153. FOR HOW MANY CHILDREN DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE FAMILY ALLOWANCE DURING THAT FINANCIAL YEAR?

Number

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

154A. AT ANY TIME IN THE LAST FINANCIAL YEAR DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE A FAMILY ALLOWANCE SUPPLEMENT?

- No → Q.155 53
- Yes

154B. FOR HOW MANY WEEKS DID YOU RECEIVE THE FAMILY ALLOWANCE SUPPLEMENT?

- 52 Weeks ... 52
 - 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
- 1- 51 weeks ...

155. Sequence Guide

- . If aged 30 years or more → Q.156 1
- . Otherwise → Q.158 2

156. DO YOU (OR YOUR (SPOUSE/PARTNER)) HAVE ANY CHILDREN WHO LEFT HOME BETWEEN 1 JULY 1989 AND 30 JUNE 1990?

- Yes 1
- No → Q.158 2

157. WERE ANY OF THESE CHILDREN ATTENDING SCHOOL OR SOME OTHER EDUCATIONAL INSTITUTION FULL-TIME LAST FINANCIAL YEAR?

- Yes 1
- No 2

158. Sequence Guide

- . Visitor to PD,
(No more questions) 1
- . Respondent in SD,
(No more questions) 2
- . Otherwise → Q.159 3

159. *Interviewer: Code best description of structure containing household.*

Separate house	01
Semi-detached/row or terrace house/town house	
- One storey	02
- Two or more storeys	03
Flat attached to house	04
Other flat/unit/apartment	
- One or two storeys	05
- Three storeys	06
- Four or more storeys	07
Caravan not in caravan park	08
Houseboat	09
Improvised home/campers out ..	10
House or flat attached to shop ..	11

160. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSING COSTS.

161. IS THIS (Specify dwelling type) -

BEING PAID OFF OR OWNED OUTRIGHT BY YOU (OR YOUR (SPOUSE/PARTNER))? → Q.172

1

RENTED BY YOU (OR YOUR (SPOUSE/PARTNER))?

→ Q.164

2

None of these

3

162. DO YOU (OR YOUR (SPOUSE/PARTNER)) -

PAY RENT OR BOARD TO LIVE HERE?

→ Q.164

1

LIVE HERE RENT FREE?

2

Other (Specify)

3

163. *Sequence Guide*

If aged 15 - 20 years and living with parent

→ Q.211

1

Otherwise

→ Q.204

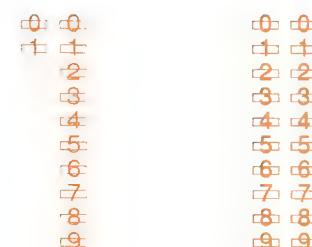
2

164. WHEN DID YOU MOVE INTO THIS (Specify dwelling type)?

Month.. a

Year .. b

Don't know



165. *Interviewer: Show BLUE prompt card N.*

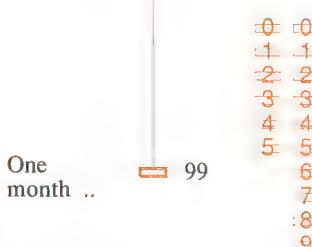
WHO DO YOU PAY RENT OR BOARD TO?

Real estate agent	1
State housing commission/trust	2
Private landlord not in same household	3
Person in same household	
- Parent/Other relative	4
- Other person	5
Employer	
- Government	6
- Other	7
Other (Specify)	
.....	8

166. HOW MUCH DO YOU (AND YOUR (SPOUSE/PARTNER)) PAY IN RENT OR BOARD AND WHAT PERIOD DOES IT COVER?

\$.. a

Weeks b



One month ..

99

167. *Sequence Guide*

If boarding with parent/other relative (Code 4 in Q.165)

→ Q.211

1

If other boarder (Code 1 in Q.162)

→ Q.204

2

If married/defacto and partner is a UR

→ Q.168

3

Otherwise

→ Q.171

4

**168. IS THERE A LEASE FOR THIS
(Specify dwelling type)?**

Yes 1
No.. → Q.204 2

169. WAS THIS LEASE SIGNED BY -

YOU? a 1
YOUR (SPOUSE/PARTNER)? ... b 2
Neither → Q.204 c 3

170. → Q.211

**171. DO YOU HAVE YOUR NAME ON A LEASE FOR
THIS (Specify dwelling type)?**

Yes → Q.211 1
No → Q.204 2

172. Sequence Guide

If married/defacto
and partner is a UR → Q.173 1
Otherwise → Q.174 2

**173. IS THIS (Specify dwelling type)
OWNED OR BEING BOUGHT -**

BY YOU AND YOUR
(SPOUSE/PARTNER) JOINTLY? 1
BY YOU, ALONE OR WITH SOME OTHER
PERSON? 2
BY YOUR (SPOUSE/PARTNER),
ALONE OR WITH SOME OTHER PERSON? 3

**174. IN WHAT MONTH AND YEAR DID YOU (OR
YOUR (SPOUSE/PARTNER)) BUY OR START
PAYING OFF THIS (Specify dwelling type)?**

Month .. a Year .. b

0 0 0 0 0 0 0
1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9
Gift/Bequest → Q.191 99 8 8 9 9

175. DID YOU MOVE IN AT THIS TIME?

Yes → Q.177 1
No 2

**176. WHEN DID YOU MOVE INTO THIS
(Specify dwelling type)?**

Month .. a Year .. b

0 0	0 0
1 1	1 1
2	2 2
3	3 3
4	4 4
5	5 5
6	6 6
7	7 7
8	8 8
9	9 9

Don't know → 99

177. Sequence Guide

If dwelling purchased
1984 or before → Q.179 1
Otherwise → Q.178 2

**178. WHAT WAS THE PURCHASE PRICE OF THIS
(Specify dwelling type)?**

\$

0 0 0 0 0 0 0
1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9

**179. WHAT WOULD YOU ESTIMATE THE SALE PRICE
OF THIS (Specify dwelling type) TO BE IF YOU
SOLD IT TOMORROW?**

\$

0 0 0 0 0 0 0
1 1 1 1 1 1 1
2 2 2 2 2 2 2
3 3 3 3 3 3 3
4 4 4 4 4 4 4
5 5 5 5 5 5 5
6 6 6 6 6 6 6
7 7 7 7 7 7 7
8 8 8 8 8 8 8
9 9 9 9 9 9 9

Don't know → 9999999

**180. ARE YOU (OR YOUR (SPOUSE/PARTNER))
MAKING REPAYMENTS ON ANY LOAN OR
MORTGAGE TAKEN OUT TO PURCHASE OR
BUILD THIS (Specify dwelling type)?**

Yes → Q.189 1
No → Q.189 2

181. HOW MANY OF THOSE LOANS OR MORTGAGES ARE YOU (OR YOUR (SPOUSE/PARTNER) PAYING OFF?

Number

1
2
3
4
5
6
7
8
9

182. HOW MUCH WAS THE LAST REPAYMENT ON (THAT/THE FIRST) LOAN OR MORTGAGE AND WHAT PERIOD DID IT COVER?

\$.. a

Weeks.. b

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

One month ..

99

186. WHAT AMOUNT IS STILL OWING ON (THAT/THOSE) LOAN(S) OR MORTGAGE(S)?

\$

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

Don't know 999999

183. WHAT AMOUNT IS STILL OWING ON THAT LOAN OR MORTGAGE?

\$

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

Don't know

999999

184. *Sequence Guide*

If more than one loan or mortgage (2 or more in Q.181) → Q.185

1

Otherwise → Q.187

2

185. HOW MUCH WAS THE LAST REPAYMENT ON (THE SECOND/THE OTHER) LOAN(S) OR MORTGAGE(S) AND WHAT PERIOD DID (IT/ THEY) COVER?

\$.. a

Weeks.. b

0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

One month ..

99

187. DO YOU (OR YOUR (SPOUSE/PARTNER)) CURRENTLY RECEIVE FIRST HOME OWNER'S ASSISTANCE?

Yes

1

No

→ Q.189

2

188. HOW MUCH WAS THE LAST PAYMENT YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVED FROM FIRST HOME OWNER'S ASSISTANCE?

WHAT PERIOD DID THAT PAYMENT COVER?

\$.. a

Weeks.. b

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

One month ...

99

189. AT ANY TIME IN THE LAST FINANCIAL YEAR, DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE FIRST HOME OWNER'S ASSISTANCE?

Yes

1

No

→ Q.191

2

190. IN THAT FINANCIAL YEAR, FOR HOW MANY MONTHS DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE FIRST HOME OWNER'S ASSISTANCE?

HOW MUCH DID YOU (OR YOUR (SPOUSE/PARTNER)) RECEIVE FROM THAT ALLOWANCE IN THOSE (Number of months) MONTHS?

Months .. a

\$.. b

0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

191. ARE YOU (OR YOUR (SPOUSE/PARTNER) MAKING REPAYMENTS ON ANY LOAN OR MORTGAGE TAKEN OUT TO FINANCE ALTERATIONS OR ADDITIONS TO THIS (Specify dwelling type)?

Yes 1
No 2 → Q.195

192. HOW MANY OF THOSE LOANS OR MORTGAGES ARE YOU (OR YOUR (SPOUSE/PARTNER)) PAYING OFF?

One 1
More than one 2

193. HOW MUCH WAS THE LAST REPAYMENT ON (THAT/THOSE) LOAN(S) OR MORTGAGE(S) AND WHAT PERIOD DID (IT/THEY) COVER?

\$...a Weeks .. b

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

One month .. 99

194. WHAT AMOUNT IS STILL OWING ON THAT LOAN OR MORTGAGE?

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Don't know 999999

195. DO YOU (OR YOUR (SPOUSE/PARTNER)) PAY ANY WATER OR GENERAL (COUNCIL) RATES FOR THIS (Specify dwelling type)?

Yes 1
No 2 → Q.211

196. HOW MUCH WAS (YOUR/YOU AND YOUR (SPOUSE'S/PARTNER'S)) LAST WATER RATES PAYMENT FOR THIS (Specify dwelling type)?

\$...
Nil → Q.198 9998
Water and general (council) rates combined → Q.201 9999

197. WHAT PERIOD DID THAT PAYMENT COVER?

Months

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

198. HOW MUCH WAS (YOUR/YOU AND YOUR (SPOUSE'S/PARTNER'S)) LAST GENERAL (COUNCIL) RATES PAYMENT FOR THIS (Specify dwelling type)?

\$...
Nil → Q.211 9999

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

199. WHAT PERIOD DID THAT PAYMENT COVER?

Months

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

200. → Q.211

201. HOW MUCH WAS (YOUR/YOU AND YOUR (SPOUSE'S/PARTNER'S)) LAST TOTAL WATER AND GENERAL (COUNCIL) RATES PAYMENT FOR THIS (Specify dwelling type)?

\$...
Nil → Q.211 9999

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

202. WHAT PERIOD DID THAT PAYMENT COVER?	Months	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		 1 2 3 4 5 6 7 8 9	
203.	<input type="checkbox"/> Q.211		
204. DO YOU PERSONALLY PAY FOR ANY GENERAL (COUNCIL) RATES OR OTHER LAND OR HOUSING TAXES FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
205. DO YOU PERSONALLY PAY FOR WATER, SEWERAGE, ELECTRICITY OR GAS BILLS FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
206. DO YOU PERSONALLY PROVIDE FURNITURE, CARPETS OR CURTAINS, OR PAY FOR ANY REPAIRS OR MAINTENANCE, FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
207. <i>Sequence Guide</i>			
. If married/defacto and partner is a UR ..	<input type="checkbox"/> Q.208		
. Otherwise	<input type="checkbox"/> Q.211		
208. DOES YOUR (SPOUSE/PARTNER) PAY FOR ANY GENERAL (COUNCIL) RATES OR OTHER LAND OR HOUSING TAXES FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
209. DOES YOUR (SPOUSE/PARTNER) PAY FOR WATER, SEWERAGE, ELECTRICITY OR GAS BILLS FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
210. DOES YOUR (SPOUSE/PARTNER) PROVIDE FURNITURE, CARPETS OR CURTAINS, OR PAY FOR ANY REPAIRS OR MAINTENANCE, FOR THIS (Specify dwelling type)?	Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	No	<input type="checkbox"/> 2	
211. <i>Sequence Guide</i>			
. If first interview in dwelling	<input type="checkbox"/> Q.212		
. Otherwise	<input type="checkbox"/> Q.247		
212. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT HOUSING CONDITIONS.	WE ARE INTERESTED IN SUCH THINGS AS THE NUMBER OF ROOMS AND DIFFERENT WAYS THEY ARE USED.		
213. HOW MANY OF THE FOLLOWING ROOMS ARE IN THIS (Specify dwelling type)?	BEDROOMS	<input type="checkbox"/> a	<input type="checkbox"/> b
		 1 2 3 4 5 6 7 8 9	
	KITCHENS	<input type="checkbox"/> c	<input type="checkbox"/> d
		 1 2 3 4 5 6 7 8 9	
	BATHROOMS OR ENSUITES	<input type="checkbox"/> c	<input type="checkbox"/> d
		 1 2 3 4 5 6 7 8 9	
	LAUNDRIES	<input type="checkbox"/> d	
		 1 2 3 4 5 6 7 8 9	

FAMILY, LOUNGE OR DINING ROOMS e

1
 2
 3
 4
 5
 6
 7
 8
 9

ENCLOSED ENTRANCE HALLS OR FOYERS f

1
 2
 3
 4
 5
 6
 7
 8
 9

OTHER ROOMS g

1
 2
 3
 4
 5
 6
 7
 8
 9

214. HOW MANY OF THESE ROOMS ARE USUALLY USED AS BEDROOMS?

Number

1
 2
 3
 4
 5
 6
 7
 8
 9

215. ARE THERE ANY BATHTUBS IN THIS (Specify dwelling type)?

Yes 1

No 2 → Q.221

216. HOW MANY BATHTUBS ARE THERE IN THIS (Specify dwelling type)?

One .. → Q.220 1

Two or more

1
 2
 3
 4
 5
 6
 7
 8
 9

217. DO ANY OF THESE BATHTUBS ALSO CONTAIN A SHOWER FACILITY?

Yes 1

No → Q.221 2

218. HOW MANY OF THESE BATHTUBS ALSO CONTAIN A SHOWER FACILITY?

Number

1
 2
 3
 4
 5
 6
 7
 8
 9

219. → Q.221

220. DOES THIS BATHTUB ALSO CONTAIN A SHOWER FACILITY?

Yes 1

No 2

221. ARE THERE ANY (SEPARATE) SHOWER CUBICLES IN THIS (Specify dwelling type)?

Yes 1

No → Q.223 2

222. HOW MANY (SEPARATE) SHOWER CUBICLES ARE THERE IN THIS (Specify dwelling type)?

Number

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

223. HOW MANY TOILETS ARE THERE IN THIS (Specify dwelling type)?

One → Q.229

Two or more

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

None → Q.231

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

224. ARE (ANY/EITHER) OF THESE SEPARATE TOILETS ?

Yes

No → Q.226

225. HOW MANY ?

Number

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

226. ARE (ANY/EITHER) OF THESE TOILETS DUAL FLUSHING?

Yes

No → Q.231

227. HOW MANY ?

Number

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

228. → Q.231

229. IS THIS A SEPARATE TOILET?

Yes

No

230. IS THIS A DUAL FLUSHING TOILET?

Yes

No

231. DOES THIS (Specify dwelling type) HAVE A FULLY ENCLOSED GARAGE?

Yes

No → Q.233

232. HOW MANY CARS WAS THIS GARAGE BUILT TO ACCOMMODATE?

Number

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

233. DOES THIS (Specify dwelling type) HAVE A CARPORT?

Yes

No → Q.235

234. HOW MANY CARS WAS THIS CARPORT BUILT TO ACCOMMODATE?

Number

1
2
3
4
5
6
7
8
9

235. DOES THIS (*Specify dwelling type*) HAVE ANY CAR PARKING SPACES IN THE OPEN?

Yes 1

No 2 → Q.237

236. HOW MANY CAR PARKING SPACES DOES THIS (*Specify dwelling type*) HAVE IN THE OPEN?

Number

1
2
3
4
5
6
7
8
9

237. DOES THIS (*Specify dwelling type*) HAVE ANY INSULATION IN THE ROOF OR CEILING?

Yes 1

No 2 → Q.239

Don't know 3 → Q.239

238. *Interviewer: Show YELLOW prompt card P.*

WHICH OF THESE TYPES OF INSULATION DO YOU HAVE IN YOUR ROOF OR CEILING?

Fibreglass batts a 01

Sisalation b 02

Reflective foil c 03

Foam d 04

Polystyrene Sheets e 05

Loose fill f 06

- Rock wool f 06

- Unknown loose fill g 07

- Other loose fill (*Specify*) h 08

Other (*Specify*) i 09

Don't know j 10

239. IS THERE INSULATION IN ANY OF THE OUTSIDE WALLS OF THIS (*Specify dwelling type*)?

Yes 1

No 2 → Q.241

Don't know 3 → Q.241

240. *Interviewer: Show YELLOW prompt card P.*

WHICH OF THESE TYPES OF INSULATION DO YOU HAVE IN YOUR WALLS?

Fibreglass batts a 01

Sisalation b 02

Reflective foil c 03

Foam d 04

Polystyrene Sheets e 05

Loose fill f 06

- Rock wool f 06

- Unknown loose fill g 07

- Other loose fill (*Specify*) h 08

Other (*Specify*) i 09

Don't know j 10

241. WHAT TYPES OF FUEL OR ENERGY DOES YOUR HOT WATER SYSTEM USE?

Electricity	a	<input type="checkbox"/>	01
Mains gas	b	<input type="checkbox"/>	02
Bottled or L. P. gas	c	<input type="checkbox"/>	03
Other gas (<i>Specify</i>).....			
.....d		<input type="checkbox"/>	04
Solar	e	<input type="checkbox"/>	05
Wood	f	<input type="checkbox"/>	06
Coal or briquettes	g	<input type="checkbox"/>	07
Kerosene	h	<input type="checkbox"/>	08
Oil	i	<input type="checkbox"/>	09
Other fuel (<i>Specify</i>)			
.....j		<input type="checkbox"/>	10
Don't know	k	<input type="checkbox"/>	11

242. DO YOU USE ANY FORM OF ROOM HEATING IN THIS (*Specify dwelling type*)?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

→ Q.245A

243. WHAT TYPES OF FUEL OR ENERGY DO YOU USE FOR ROOM HEATING?

Electricity	a	<input type="checkbox"/>	01
Mains gas	b	<input type="checkbox"/>	02
Bottled or L. P. gas	c	<input type="checkbox"/>	03
Other gas (<i>Specify</i>).....			
.....d		<input type="checkbox"/>	04
Solar	e	<input type="checkbox"/>	05
Wood	f	<input type="checkbox"/>	06
Coal or briquettes	g	<input type="checkbox"/>	07
Kerosene	h	<input type="checkbox"/>	08
Oil	i	<input type="checkbox"/>	09
Other fuel (<i>Specify</i>)			
.....j		<input type="checkbox"/>	10
Don't know	k	<input type="checkbox"/>	11

244. DO YOU USE ANY OTHER FUEL IN THIS (*Specify dwelling type*)?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

245. A. WHAT TYPES OF FUEL OR ENERGY DO YOU USE IN THIS (*Specify dwelling type*) FOR OTHER PURPOSES?

B. WHAT OTHER TYPES OF FUEL OR ENERGY DO YOU USE?

Electricity	a	<input type="checkbox"/>	01
Mains gas	b	<input type="checkbox"/>	02
Bottled or L. P. gas	c	<input type="checkbox"/>	03
Other gas (<i>Specify</i>).....			
.....d		<input type="checkbox"/>	04
Solar	e	<input type="checkbox"/>	05
Wood	f	<input type="checkbox"/>	06
Coal or briquettes	g	<input type="checkbox"/>	07
Kerosene	h	<input type="checkbox"/>	08
Oil	i	<input type="checkbox"/>	09
Other fuel (<i>Specify</i>)			
.....j		<input type="checkbox"/>	10
Don't know	k	<input type="checkbox"/>	11

→ Q.247

247. Sequence Guide

- . If SD or Visitor to PD
(No more questions) ◀ 1
- . If in business
(Q.101 answered) ... → Q.248 ◀ 2
- . Otherwise (No more questions) ... ◀ 3

248. Sequence Guide

- . If Q.102 answered
(No more questions) ◀ 1
- . Otherwise → Q.249 ◀ 2

249. WILL A COPY OF YOUR 1989/1990 TAX ASSESSMENT OR RETURN BE AVAILABLE BY FEBRUARY, MARCH OR APRIL NEXT YEAR?

Yes ◀ 1

No (No more questions) ... ◀ 2

250. TO ENSURE OUR DATA IS AS ACCURATE AS POSSIBLE I NEED TO COLLECT INFORMATION FROM YOUR TAX ASSESSMENT OR RETURN.

COULD I RING YOU FOR THE INFORMATION THEN?

Yes (No more questions) ... ◀ 1

No ◀ 2

251. COULD I CALL BACK HERE TO COLLECT THIS INFORMATION OR CONTACT YOUR ACCOUNTANT IF THEY ARE HOLDING THESE RECORDS.

WHICH ARRANGEMENT WOULD SUIT YOU?

Call back here ◀ 1

(No more questions)

Accountant Authorisation Form obtained (Specify details)
.....

.....
(No more questions) ◀ 2

No follow-up
(No more questions) ◀ 3

